



**Independent Energy Producers Association (IEP)
33rd Annual Meeting – September 17-19, 2014
Stanford Sierra Camp, Fallen Leaf Lake, South Lake Tahoe
(Please use one form per person. Duplicate as needed.)**



ATTENDEE INFORMATION

(Please circle one) Mr. / Mrs. / Ms. _____
 Title: _____
 Organization: _____
 Address: _____ City _____ State _____ Zip _____
 Telephone: _____ Fax: _____ E-mail: _____
 Name of Guest and/or Children Attending: _____

FULL REGISTRATION (Includes Lodging, Meals, Meetings & Materials)

- IEP Member - \$2000 \$ _____
- Federal/State Agency Employees - \$1850 \$ _____
- Non-Member - \$2350 \$ _____

DAY USE ONLY (Includes Meals, Meetings & Materials)

- IEP Member Day Registration - \$1450 \$ _____
- Fed/State Agency Day Registration - \$1300 \$ _____
- Non-Member Day Registration - \$1800 \$ _____

GUEST AND/OR CHILDREN (Includes Lodging & Meals)

- Guest - \$500 \$ _____
- Children (4-12 yrs) - \$100 x _____ # of Children \$ _____

GOLF TOURNAMENT FEE

- Golf Tournament - \$200 x _____ # of Golfers \$ _____

GROUP DISCOUNT GIVEN FOR REGISTERING 3 OR MORE PERSONS FROM SAME COMPANY.

- IEP Member:** Register 3 persons from the SAME COMPANY Discount and the 3rd person pays \$1750 (Savings of \$250).
 - Non-Member:** Register 3 persons from the SAME COMPANY Discount and the 3rd person pays \$2100 (Savings of \$250).
- 1st Person Name: _____ Pays \$ 2000/\$2350
 2nd Person Name: _____ Pays \$ 2000/\$2350
 3rd Person Name: _____ Pays \$ 1750/\$2100

Please list names above and submit a separate form for each person.

TOTAL AMOUNT REMITTED (Registrations MUST be Prepaid)

Full Registration Total \$ _____
Day Use Registration Total \$ _____
Golf Tournament Total \$ _____
TOTAL FROM ALL CATEGORIES \$ _____

PAYMENT TYPE – CHECK OR CREDIT CARD

- Check **Please make check payable to:
Independent Energy Producers Association**

- Credit Card: American Express
 Master Card
 Visa

C.C. Card #: _____

Exp. Date: _____

Name of C.C.: _____

Signature: _____

IMPORTANT: PLEASE INDICATE EACH MEAL YOU WILL ATTEND.

All Meals during the Conference

-- OR --

Select Each Meal Needed Below:

- Weds, Sept. 17: Dinner**
- Thurs, Sept. 18: Breakfast** **Lunch** **Dinner**
- Fri, Sept. 19: Breakfast** **Lunch**

Please return registration form & payment to:

IEP Annual Meeting
 1215 K St, Suite 900, Sacramento, CA 95814

Email SIGNED credit card approval/registration form to: jamie@iepa.com

Fax SIGNED credit card approval/registration form to: (916) 448-0182

PLEASE NOTE: Registration will not be confirmed until payment is received by IEP. Registration will NOT be accepted by telephone. No exceptions.

CANCELLATIONS POLICY: Cancellations received in writing before Monday, September 1, 2014 will be refunded minus a \$100 cancellation fee. Cancellations received in writing on or after Monday, September 1, 2014 will NOT be refunded; however, substitutions will be accepted. All accommodations are final, except as noted above.

